GAU/1642



Patent Attorney's Docket No. <u>032313-003</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pat	ent Application of)		RECEIVED			
Catharin	a SVANBORG et al.)	Group Art Unit: 1642	JAN 1 8 2002			
Applicati	ion No.: 09/555,270)	Examiner: M. Wells	TECH CENTER 1600/2900			
Filed: A	August 30, 2000)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
For: 7	THERAPEUTIC AGENTS)					
	AMENDMENT/REPLY	FRA)	NSMITTAL LETTER				
	t Commissioner for Patents ton, D.C. 20231						
Sir:							
Enc	losed is a reply for the above-identified p	oatent	application.				
[X]	A Petition for Extension of Time is als	so enc	closed.				
[]	A Terminal Disclaimer and a check for requisite Government fee are also encl			48) to cover the			
[X]		a dra	mendment under 37 C.F.I aft paper entitled "HAML Cells and Delays Tumour	ET Induces			
[]	Small entity status is hereby claimed.						
[]	Applicant(s) request continued examina [] \$370.00 (279) [] \$740.00 (179) fee d			and enclose the			
	[] Applicant(s) previously submitted requested.	l,	on, for which continue	ed examination is			
[]	Applicant(s) request suspension of acti exceed three months from the filing of § 1.103(c). The required fee under 37	this	RCE, in accordance with				
[]	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.						
[X]	No additional claim fee is required.		٠.				

Amendment/Reply Transmittal Letter Application No. 09/555,270 Attorney's Docket No. 032313-003

Page 2

RECEIVED

[] An additional claim fee is required, and is calculated as shown below:

JAN 1 8 2002

		AMENDED	TECH CE		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	15	MINUS 20 =	0	× \$18.00 (103) =	0.00
Independent Claims	1	MINUS 3 =	0	× \$84.00 (102) =	0.00
If Amendment adds mu	iltiple depende	ent claims, add \$280	0.00 (104)		
Total Amendment Fee					
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e	
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0.00

[]	A claim	fee	in the	amount of \$	is enclosed.
---	---	---------	-----	--------	--------------	--------------

[] Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

Deborah H. Yellir Registration No. 45,904

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: January 11, 2002